

FEE TRANSMITTAL

Electronic Version v10

Stylesheet Version v10

**Title of
Invention**

PROBE FOR A BODY CAVITY

Application Number : 10/612112
Date : 2003-07-02
First Named Applicant: Mr. Jacob Fraden
Attorney Docket Number: amcn06
Art Unit: 2859
Examiner : Ms. Gail K. Verbitsky

**TOTAL FEE AUTHORIZED \$ 180**

Patent fees are subject to annual revisions on or about October 1st of each year.

Fee Description	Fee Code	Amount \$	Fee Paid \$
Submission Of Information Disclosure Stmt Fee	1806	180	180

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 233000
Access Code ****
Deposit name: WHE
Deposit authorized name: WHE
Signature: /David H. Brinkman/
Date (YYYYMMDD): 2005-06-29

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.